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POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/608026
	Filing Date	06/30/2003
	First Named Inventor	ALAN M. ZAMORE
	Title	IRRADIATION CONVERSION
	Art Unit	1796
	Examiner Name	Sergent, Rabon
Attorney Docket Number		

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

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Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

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23401

OR

<input type="checkbox"/> Firm or Individual Name	Alan M. Zamore		
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City	Chestnut Ridge	State	New York
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Telephone	845-425-9469	Email	azamore@zylon.com

I am the:

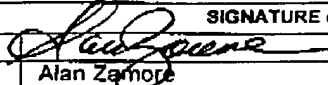
☒ Applicant/Inventor.

OR

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/86) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

Signature		Date	Dec 23 2009
Name	Alan Zamore	Telephone	845-425-9469
Title and Company	Applicant		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*

☐ *Total of _____ forms are submitted.

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